CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS

#### **COVER PAGE**

(MIDDLE)

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(LAST)

A Public Document

(FIRST)

GOVERNOR'S OFFICE LEGAL AFFAIRS

DAYTIME TELEPHONE NUMBER

Lucas Da	vid	A11.	en	
(May use business address)	TY .	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
444 N. Capital Was	hindon	DC	30001	(202) 624-5280
	9			
1. Office, Agency, or Court	4	. Schedu	le Summar	У
Name of Office, Agency, or Court:			per of pages	. 3
Office of the bovernor -D	C Office	including t	this cover page	e:
Division, Board, District, if applicable:	-	Check app interests."	licable schedu	iles or "No reportable
Your Position:				on one or more of the
Deputy Director		attached sc		
→ If filing for multiple positions, list additional agreement position(s): (Attach a separate sheet if necessition)  → If filing for multiple positions, list additional agreement position (see Fig. 2).  → If filing for multiple positions, list additional agreement position (see Fig. 2).  → If filing for multiple positions, list additional agreement position (see Fig. 2).  → If filing for multiple positions, list additional agreement position (see Fig. 2).  → If filing for multiple positions, list additional agreement position (see Fig. 2).  → If filing for multiple positions, list additional agreement position (see Fig. 2).  → If filing for multiple positions (see Fig. 2).  → If filing for multiple position (	20000000000000000000000000000000000000		-1 X Yes - s (Less than 10% Own	schedule attached
Agency:			2 Yes – s (10% or greater Own	schedule attached nership)
Position:		Schedule B Real Property		schedule attached
		Schedule C	Yes - s	schedule attached
2. Jurisdiction of Office (Check at least	one box)	Income, Loar and Travel Payr	ns, & Business P	Positions (Income Other than Gifts
☐ State		Schedule D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	schedule attached
County of		Income - Gif		ionodulo ditaonod
City of		Schedule E	Yes - s	schedule attached
☐ Multi-County		Income - Tra	avel Payments	
Dother Federal regulation + star	utory		-or	-
0 T		No repor	rtable interests	on any schedule
3. Type of Statement (Check at least or	le box)			
Assuming Office/Initial Date:/	5	. Verificat	ion	
Annual: The period covered is January 1, 20 through December 31, 2007.				e diligence in preparing this
-or-	n			on contained herein and in any
O The period covered is/, the December 31, 2007.			edules is true ar	nd complete.  jury under the laws of the State
Leaving Office Date Left://(Check one)				oing is true and correct.
O The period covered is January 1, 2007, the date of leaving office.	rough the	Date Signed	March	27, 2008
-or-				
O The period covered is/, to the date of leaving office.	nrough	Signatı		
☐ Candidate				

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name	A.	Lucas	

> NAME OF BUSINESS ENTITY American Capital Strategies	> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
timenuial services	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>2</b> \$2,000 - \$10,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  SL. Stock	NATURE OF INVESTMENT Stock
Other(Doscribe)	Other(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 07 , , , 07	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
Altria	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Consumer Products	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>№</b> \$2,000 - \$10,000	<b>S2,000 - \$10,000 S10,001 - \$100,000</b>
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock
Other	Other(Describe)
(Describe) IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 07 , 07
	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY  VM Wave	> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Co. 1. C.41.	
Computer Sottware	FAIR MARKET VALUE
FAIR MARKET.VALUE    Sto.,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other(Describe)	(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 07, 07	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	• •
Comments:	

## SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name David A. Lucas

1. INCOME RECEIVED	> 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
National Hospice + Palliative Care	
ADDRESS \(\lambda\)	ADDRESS
1700 Biagonal Rd.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Not-for-prolit health care	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
NIA	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000 \qquad \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONCIDERATION FOR INTUINE INCOME MAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of(Property, car, bost, etc.)	Sale of(Property, car, boat, etc.)
_	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other (Describe)	Other (Describe)
2. LOAN RECEIVED	
* You are not required to report loans from commercia	Il lending institutions, or any indebtedness created as pa
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
not in a lender's regular course of business must be	disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
MANUE OF ECHDEN	
ADDRESS	% None
ADDITECT	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
BOSINESS ACTIVITY, II ANY, OF ECHOEN	_
	Real Property Street uddress
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 	City
\$1,001 - \$10,000	<b>m</b> -
☐ \$1,001 - \$10,000	I Guarantor
\$10,001 - \$100,000	Guarantor
\$10,001 - \$100,000	Other(Describe)
\$10,001 - \$100,000	
\$10,001 - \$100,000	